

# Kentucky Boxing and Wrestling Authority

## BOXING SHOW NOTICE FORM

**NOTICE:** Boxing Shows shall be reported to the Authority **at least thirty (30) days prior to the show.**

Please complete and return this form to the Authority

Promoter Name \_\_\_\_\_

Promotion Name \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Event Venue \_\_\_\_\_

Rental Agent \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Date of Event \_\_\_\_\_ Time \_\_\_\_\_  
(month, day & year)

**MAIL TO:** Kentucky Boxing and Wrestling Authority  
P.O. Box 1360  
Frankfort, KY 40602

**FAX TO:** 502-564-3969

**EMAIL TO:** angela.robertson@ky.gov

***Incomplete Show Notice Forms will NOT be accepted. The Authority will consider the show as an "ILLEGAL" event and the Promoter's license will be subject to disciplinary action, including potential suspension or revocation.***

Promoter's Signature \_\_\_\_\_